

Exhibit A

06/09/2008 MON 10:43 FAX

002/007

Signature Card

Date Opened: 01/05/2006

By: Donna Wolfe

Institution Name & Address

Sovereign Bank New England
75 State St
Boston Ma 02110

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Business Entity Information below. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	ANDREW T MILLER
Address (No P.O. Boxes)	32 STUART ST NEWTON MA 02459
Mailing Address (if different)	
Home Phone	(617)418-6586
Work Phone	(617)517-9311
Mobile Phone	
E-Mail	
Birth Date	03/25/85
SSN/TIN	034-62-9289
Country of Citizenship	United States
Primary ID	KC - IDing TM Sup Approval
Secondary ID	EC -
Occupation	PRESIDENT & CO FOUNDER
Employer's Name & Address	INTERNET REAL ESTATE.COM 123 NEWBURY ST 2ND FL BOSTON MA 02116
Mother's Maiden Name	

Business Entity Information

Name	ESCOM LLC
EIN	20-4038609
Phone	(617) 517-9312
Mobile Phone	
E-Mail	
State/Country & Date of Organization	DE / 01/04/08
Nature of Business	MARKETING
Address (No P.O. Boxes)	123 NEWBURY ST 2ND FLOOR BOSTON MA 02116
Mailing Address (if different)	
Primary Purpose of Account	Operating
Percentage of International Operation or Sales	0%
ChexSystems Inquiry Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>NEEDN</i>

Internal Use**Account Title & Address**

ESCOM LLC

123 NEWBURY ST 2ND FLOOR
BOSTON MA 02116

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
☐ Joint with Survivorship
☐ Informal Trust
☐ Corporation - For Profit
☐ Corporation - Nonprofit
☐ Partnership
☐ Sole Proprietorship
☒ Limited Liability Company
☐ Unincorporated Association
☐ Formal Trust-Separate Agreement Dated:

Type of Account	Account #	Initial Deposit Source
Checking	61904955806	\$ 10.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as Individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, the following:

- ☒ Deposit Account Agreement ☐ Rate Information ☐ Privacy Policy
☒ Fee Schedule ☐ CD Disclosure

<input checked="" type="checkbox"/>	<i>[Signature]</i>	Qualfile <u>Approved</u>	Sup. Approval _____
<input checked="" type="checkbox"/>	<i>[Signature]</i>	Qualfile <u>Approved</u>	Sup. Approval _____
<input type="checkbox"/>		Qualfile _____	Sup. Approval _____
<input checked="" type="checkbox"/>		Qualfile _____	Sup. Approval _____

☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

06/09/2008 MON 10:44 FAX

0004/007

Page: 1 Document Name: untitled

```

DDMAIN          Demand Deposit Display Main          3037    06/06/08

Acct 61900164940      PMA ACCOUNT      RATE INDEX  432  Pg 1 of 2
A  -----CRF WINDOW----- 15
-  ESCOM LLC          Alpha-key      ESCOMLLC01      --
L  304 NEWBURY ST STE 487  TIN      20-4038609      LL
C  BOSTON MA 02115-2839  Birth date  01/04/2006      0
                                Home phone  000-000-0000      2
                                Work phone  617-517-9312      FF
                                0
                                -----Demand Deposit----- 08
                                PRIMARY      Branch 0619 Area 0619      07
                                ORG-OFFICER  Officer 015 Class 10005      07
                                ORG-OFFICER
                                ORG-OFFICER
                                -----Customer Comments----- -Emp- --Date--
                                -----
                                (NO COMMENTS ON FILE FOR THIS CUSTOMER.)
                                -----
                                F3=Exit
                                -----

```

A I F I C

06/09/2008 MON 10:44 FAX

006/007

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

Sovereign Bank New England

75 State St

Boston Ma 02110

By: ESCOM LLC

(Limited Liability Company)

123 NEWBURY ST 2ND FLOOR

(Address)

BOSTON MA 02116

(City, State and Zip Code)

A. I, PETER HUBSHMAN, certify that I am a manager of, or a member designated to act on behalf of, the above named limited liability company organized under the laws of DELAWARE, Federal Employer I.D. Number 20-4038609, engaged in business under the trade name of ESCOM LLC.

, and that the following is a correct copy of resolutions adopted at a duly and properly called meeting held on 01/04/2006 of all members of the limited liability company or the person or persons designated by the members of the limited liability company to manage the limited liability company as provided in the articles of organization or an operating agreement, hereinafter referred to as "Managers". These resolutions appear in the minutes of that meeting and have not been rescinded or modified.

B. Be it resolved that,

(1) The Financial Institution named above is designated as a depository for the funds of this limited liability company.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by this Financial Institution.

(3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this limited liability company with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(4) Any of the persons named below, so long as they act in a representative capacity as agents of this limited liability company, are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated below, from time to time with this Financial Institution, concerning funds deposited in this Financial Institution, moneys borrowed from this Financial Institution or any other business transacted by and between this limited liability company and this Financial Institution subject to any restrictions stated below.

(5) Any and all prior resolutions adopted by the Managers of this limited liability company and certified to this Financial Institution as governing the operation of this limited liability company's account(s), are in full force and effect, unless supplemented or modified by this authorization.

(6) This limited liability company agrees to the terms and conditions of any account agreement, properly opened by any authorized representative(s) of this limited liability company. The Financial Institution may charge this limited liability company for all checks, drafts, or other orders for the payment of money that are drawn on the Financial Institution which contain the required number of signatures for this purpose. The Financial Institution may rely on facsimile signatures, regardless of by whom or by what means the facsimile signature(s) may have been affixed so long as they resemble the facsimile signature specimens in section C, or the facsimile signature specimens that this limited liability company files with the Financial Institution from time to time.

C. If indicated, any person listed below (subject to any expressed restrictions) is authorized to:

Name and Title

Signature

Facsimile Signature
(if used)(a) ANDREW MILLER PRESIDENT(b) PETER HUBSHMAN CEO

(c) _____

(d) _____

Indicate a, b, c and/or d

A,B (i) Exercise all of the powers listed in (ii) through (vi).

(ii) Open any deposit or checking account(s) in the name of this limited liability company.

(iii) Endorse checks and orders for the payment of money and withdraw funds on deposit with this Financial Institution.

Number of authorized signatures required for this purpose _____

(iv) Borrow money on behalf and in the name of this limited liability company, sign, execute and deliver promissory notes or other evidences of indebtedness.

Number of authorized signatures required for this purpose _____

(v) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by this limited liability company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

Number of authorized signatures required for this purpose _____

(vi) Enter into written lease for the purpose of renting and maintaining a Safe Deposit Box in this Financial Institution.

Number of authorized persons required to gain access and to terminate the lease _____

D. I further certify that the Managers of this limited liability company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal, if any, of this limited liability company on

01/05/2006

(date)

Seal

Attest by One Other Manager

06/09/2008 MON 10:45 FAX

007/007

Signature Card

Date Opened: 01/05/2006

By: Donna Wolfe

Institution Name & Address

Sovereign Bank New England
75 State St
Boston Ma 02110

Internal Use

Account Title & Address

ESCOM LLC

123 NEWBURY ST 2ND FLOOR
BOSTON MA 02116

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual
☐ Joint with Survivorship
☐ Informal Trust
☐ Corporation - For Profit
☐ Corporation - Nonprofit
☐ Partnership
☐ Sole Proprietorship
☒ Limited Liability Company
☐ Unincorporated Association

☐ Formal Trust-Separate Agreement Dated: _____

Type of Account	Account #	Initial Deposit/Source
Checking	61904955805	\$ 10.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
6900164940 MONEY MKT.		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, the following:

- ☒ Deposit Account Agreement ☐ Rate Information ☐ Privacy Policy
☒ Fee Schedule ☐ CD Disclosure

[x] _____
 Qualify Approved _____ Sup. Approval _____

[x] _____
 Qualify Approved _____ Sup. Approval _____

[x] _____
 Qualify _____ Sup. Approval _____

[x] _____
 Qualify _____ Sup. Approval _____

☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

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Mailing Address (if different)	
Home Phone	(617)416-8586
Work Phone	(617)517-9311
Mobile Phone	
E-Mail	
Birth Date	03/25/65
SSN/TIN	034-62-9289
Country of Citizenship	United States
Primary ID	KC - IDing TM Sup Approval
Secondary ID	EC -
Occupation	PRESIDENT & CO FOUNDER
Employer's Name & Address	INTERNET REAL ESTATE.COM 123 NEWBURY ST 2ND FL BOSTON MA 02116
Mother's Maiden Name	

Business Entity Information

Name	ESCOM LLC
EIN	20-4038609
Phone	(617) 517-9312
Mobile Phone	
E-Mail	
State/Country & Date of Organization	DE / 01/04/06
Nature of Business	MARKETING
Address (No P.O. Boxes)	123 NEWBURY ST 2ND FLOOR BOSTON MA 02116
Mailing Address (if different)	
Primary Purpose of Account	Operating
Percentage of International Operation or Sales	0%
Check Systems Inquiry Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Reason: NO RECORD MERLYN

Exhibit B

06/09/2008 MON 12:52 FAX

004/005

CHIT CHING SAVINGS AND MON. MARKET CLUST. LITE WITHDRAWAL		00000000000000000000	
CUSTOMER NAME	ESCOM	DATE	3/4/08
CUSTOMER ADDRESS			
WRITTEN AMOUNT	Three thousand, four hundred, three 35/100		
CUSTOMER SIGNATURE	Date 03/04/08 17:24 Teller 002 Withdrawal AN: ****225806 0619 Seq: 102 Transaction Amount: \$3,403.35 Prior Day Closing Bal: \$3,403.35 Current Balances: \$3,403.35 Available Balances: \$3,403.35		
ACCOUNT NUMBER	61904955806		
5537m5594			


CaptureDate:03/04/2008 Account:61904955806 AltAcct:61904955806 Amount:\$3,403.35 RT:56375594 TC:94 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Omus\Transit:- SequenceNumber:433152440 IRD:0 BLANK:0

0433152440 >211370299<
 R026 B39 P1. SOVEREIGN
 03/04/2008 BOSTON, MA

Exhibit C

06/09/2008 MON 10:44 FAX

005/007

WELLS FARGO SAVINGS AND MONEY MARKET CLOSE-OUT WITHDRAWAL		E 00000000000000000000	
CUSTOMER NAME	ESCOM LLC	DATE	3/4/08
CUSTOMER ADDRESS			
WRITTEN AMOUNT	Three Hundred, Four thousand, eight hundred, Eighty-nine & 1/100		
CUSTOMER SIGNATURE		Withdrawal Date	03/04/08 17:26 Tlr 003 0
		AN 61900164940	Seq 0075 0619
		Ant	304,849.62
ACCOUNT NUMBER	61900164940	\$	304,849.62
	5637 5594		

CaptureDate:03/04/2008 Account:61900164940 AltAcct:61900164940 Amount:\$304,849.62 RT:56375594 TC:94 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433153670 IRD:0 BLNK:0

0433153670 Y011370200K
 R026 B40 P1 SOVEREIGN
 03/04/2008 BOSTON, MA

Exhibit D

06/09/2008 MON 7:57 FAX

002/002

CaptureDate:03/05/2008 Account:98500936889 AltAcct:98500936889 Amount:\$304,849.62 RT:11075150 TC:90 OrigTC:0
SerialNumber:38106 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433875940 IRD:0

ISO 9001:2015 X	

FEDERAL RESERVE BANK REGULATION CC

Never look for the following significant check security features before accepting this document. IF NOT PRESENT, DO NOT ACCEPT THE DOCUMENT.

A **Integrity** - Under magnifying glass, the line on the face of the check should read "Security Reserve".

B **Watermark** - The watermark on the back of the check should read "Security Reserve".

C **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

D **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

E **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

F **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

G **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

H **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

I **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

J **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

K **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

L **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

M **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

N **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

O **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

P **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

Q **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

R **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

S **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

T **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

U **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

V **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

W **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

X **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

Y **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

Z **Security Reserve** - The watermark on the back of the check should read "Security Reserve".

Exhibit E

06/26/2008 THU 9:41 FAX

002/002

03/06/2008 THU 13:56 FAX 617 262 2724

002/002

Sovereign Bank**Confirmation of Endorsement Form****Depositor/Customer Information**Depositor/Customer Name: PRIVILEY LLC
(please print)Account Number: 61900108502Address: 2 INTERNATIONAL PL FL 16, BOSTON, MA 02110
(street, city, state and zip)**Payee Information**

I am named as a payee on the following check(s)

Check No. 0038106 dated 3/04/08 in the amount of \$ 304,849.62Name of maker: SOVEREIGN BANKName of bank check is drawn on: SOVEREIGNName(s) of payee(s): ESCOM LLC A SUBSIDIARY OF PRIVILEY LLC**Check One**☐ I represent and warrant that I endorsed the foregoing check and transferred it to:

(name of depositor/customer)

☒ I represent and warrant that I transferred for consideration but without endorsement the foregoing check to:

(name of depositor/customer)

I hereby warrant to subsequent transferees of the check, as of the time of my transfer, the same warranties that would have been provided to them as a matter of law under UCC § 3-416 by virtue of my endorsement if I had endorsed the check, namely, that: 1) I am a person entitled to enforce the check. 2) All signatures on the check are authentic and authorized. 3) The check has not been altered. 4) The check is not subject to a defense or claim in recoupment of any party which can be asserted against me. 5) I have no knowledge of any insolvency proceeding commenced with respect to the maker, acceptor or drawer of the check.

Signature

In consideration of the acceptance of the check by Sovereign Bank (the "Bank") for deposit into an account and/or negotiation in which I hold no interest or signing authority, I hereby agree to be subject to the remedies provided in UCC § 3-416(b).

(Instructions: If payee is signing this form in the presence of a CBO Team Member, the CBO team member completes the Witness section and documents the payee's identification. Other wise the form must be notarized.)

Witness:

CBO TM Signature: [Signature]CBO TM Name: ROBBY THOMASPayee Signature: [Signature]Payee Name: ESCOM LLC
(please print)Payee ID: MLA 4538162650 R 7/5/01 BPPayee ID: 75/P3**Notary Information**On this 6th day of MARCH, 08, before me, the undersigned notary public, personally appeared CHRISTINA PRIT, proved to me through satisfactory evidence of identification, which was MASS DRIVER'S LICENSE to be the person whose name is signed above, and acknowledged to me that he/she (strike one) signed it voluntarily for its stated purpose.[Signature]
ROBBY A. THOMAS
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
MY COMMISSION EXPIRES 04/24/2009**CBO Information - FOR BANK USE ONLY**CBO Team Member Name: ROBBY THOMASDate: 3/6/08CBO Name: BACKBAYCBO Number: 0418

Instructions: Forward the original completed form to LP&S via interoffice mail at MC: MA1-MB3-02-05

Effective 06/01
Revised 11/18/05

07/01/2008 15:17 DOWNTOWN BOSTON REGION → 916032257053
 05/26/2008 THU 17:08 FAX 617 262 2724

NO.686 001
 0001/001

Sovereign Bank

Confirmation of Endorsement Form

Depositor/Customer Information

Depositor/Customer Name: Privilex LLC Account Number: 61900168503
 Address: 2 International Pl. FL 16 Boston, MA 02110
(street, city, state and zip)

Payee Information

I am named as a payee on the following check:

Check No. 0038106 dated 3/4/08 in the amount of \$304,849.62
 Name of maker: SOVEREIGN BANK
 Name of bank check is drawn on: SOVEREIGN
 Name(s) of payee(s): E-S.COM LLC

Check One

☐ I represent and warrant that I endorsed the foregoing check and transferred it to: _____
(name of depositor/customer)
☒ I represent and warrant that I transferred for consideration but without endorsement the foregoing check to:
PRIVILEX, LLC (name of depositor/customer). I hereby warrant to subsequent transferees of
 the check, as of the time of my transfer, the same warranties that would have been provided to them as a matter of law under
 UCC § 3-416 by virtue of my endorsement if I had endorsed the check, namely, that: 1) I am a person entitled to enforce the check 2)
 All signatures on the check are authentic and authorized. 3) The check has not been altered. 4) The check is not subject to a defense or
 claim in recoupment of any party which can be asserted against me. 5) I have no knowledge of any insolvency proceeding
 commenced with respect to the maker, acceptor or drawer of the check.

Signature

In consideration of the acceptance of the check by Sovereign Bank (the "Bank") for deposit into an account and/or negotiation in
 which I hold no interest or signing authority, I hereby agree to be subject to the remedies provided in UCC § 3-416(b).

(Instructions: If payee is signing this form in the presence of a CBO Team Member, the CBO team member completes the Witness section and documents the payee's
 identification. Other wise the form must be notarized.)

Witness:

CBO TM Signature: [Signature]

CBO TM Name: ROBBY THOMAS

Payee ID: MDA # 582094035

Payee ID: _____

Payee Signature: [Signature]

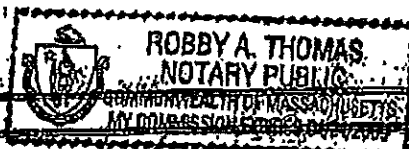
Payee Name: Peter Hobshman

(Please print)

Notary Information

On this 6TH day of MARCH, 2008, before me, the undersigned notary public, personally appeared
PETER HOBSHMAN, proved to me through satisfactory evidence of identification, which was MDA
 to be the person whose name is signed above, and acknowledged to me that he/she (strike one) signed it voluntarily for its stated
 purpose.

Notary Public
 My commission expires: _____



CBO Information - FOR BANK USE ONLY

CBO Team Member Name: ROBBY THOMAS

Date: 3/6/08

CBO Name: BACKRAY

CBO Number: 0418

Instructions: Forward the original completed form to LP&S via interoffice mail at MC: MA1-MB3-02-05

Effective 06/01
 Revised 11/18/05

Exhibit F

101000046
09/25/2007
6614133216

This is a LEGAL COPY of
your check. You can use it
the same way you would
use the original check.

00110751501 09/24/2007
0428345350

BRIAN LEE SCOTT
JENNIFER ANN SCOTT TRUST
SCOTT FAMILY TRUST
11721 CHEEK BLUFF DR
POWAY, CA 92064

Date 3/23/07

80-5581012

Pay to the Order of Phone.com LLC

\$159,000.00

EXPENSE CODE

One linked Fifth Avenue

Dollars

UNIT BANK
Fidelity
WORKING MEMBERS ASSOCIATION

FOR

Revenue - Ann

1210120568111026177107449441810

1110120568111026177107449441810 100150000000

09/25/2007
1010-00048
DL-278 WK-278 FK-24

041075150 041075150 09/24/2007

09/24/2007 09/24/2007 09/24/2007

09/24/2007 09/24/2007 09/24/2007

for deposit only
6190015503
P. C. C.

007

011100481 09/25/2007
6138891720
101000048 09/25/2007
6614133215

Do not endorse or write below this line.

Exhibit G

Statement Period 03/01/08 TO 03/31/08

PHONE.COM LLC
1400 UNIVERSITY BLVD
SUITE 100
ANN ARBOR, MI 48106

Pay Order
\$ 2,085.00

Two Thousand Eighty-Five and 00/100

Payable to
Payable to
4400 University Blvd
Suite 100
Ann Arbor, MI 48106

61904967991 # 1079 03/03/08 \$2,085.00

04224072ED INCORPORATING
ACCT BIR TO SEVERATION
03/03/2008

03/03/2008

61904967991 # 1079 03/03/08 \$2,085.00

PHONE.COM LLC
1400 UNIVERSITY BLVD
SUITE 100
ANN ARBOR, MI 48106

Pay Order
\$ 1,146.80

One Thousand One Hundred Forty-Six and 80/100

Payable to
Payable to
4400 University Blvd
Suite 100
Ann Arbor, MI 48106

61904967991 # 1082 03/03/08 \$1,146.80

0422407310 INCORPORATING
ACCT BIR TO SEVERATION
03/03/2008

03/03/2008

61904967991 # 1082 03/03/08 \$1,146.80

PHONE.COM LLC
1400 UNIVERSITY BLVD
SUITE 100
ANN ARBOR, MI 48106

Pay Order
\$ 17,710.89

Seventeen Thousand Seven Hundred Ten and 89/100

Payable to
Payable to
4400 University Blvd
Suite 100
Ann Arbor, MI 48106

61904967991 # 1086 03/03/08 \$17,710.89

0422407200 INCORPORATING
ACCT BIR TO SEVERATION
03/03/2008

03/03/2008

61904967991 # 1086 03/03/08 \$17,710.89

PHONE.COM LLC
1400 UNIVERSITY BLVD
SUITE 100
ANN ARBOR, MI 48106

Pay Order
\$ 351.75

Three Hundred Fifty-One and 75/100

Payable to
Payable to
4400 University Blvd
Suite 100
Ann Arbor, MI 48106

61904967991 # 1081 03/03/08 \$351.75

0422407210 INCORPORATING
ACCT BIR TO SEVERATION
03/03/2008

03/03/2008

61904967991 # 1081 03/03/08 \$351.75

PHONE.COM LLC
1400 UNIVERSITY BLVD
SUITE 100
ANN ARBOR, MI 48106

Pay Order
\$ 1,000.00

One Thousand and 00/100

Payable to
Payable to
4400 University Blvd
Suite 100
Ann Arbor, MI 48106

61904967991 # 1083 03/07/08 \$1,000.00

0422407200 INCORPORATING
ACCT BIR TO SEVERATION
03/07/2008

03/07/2008

61904967991 # 1083 03/07/08 \$1,000.00

PHONE.COM LLC
1400 UNIVERSITY BLVD
SUITE 100
ANN ARBOR, MI 48106

Pay Order
\$ 5,612.00

Five Thousand Six Hundred Twelve and 00/100

Payable to
Payable to
4400 University Blvd
Suite 100
Ann Arbor, MI 48106

61904967991 # 1087 03/03/08 \$5,612.00

0422407200 INCORPORATING
ACCT BIR TO SEVERATION
03/03/2008

03/03/2008

61904967991 # 1087 03/03/08 \$5,612.00

* Deposited into Privatey, LLC Account

Exhibit H

Statement Period 04/01/07 TO 04/30/07

1001

CONSULTANTS.COM ACQUISITION GROUP, LLC
100 HENRY STREET
BOSTON, MA 02118

BOVENBERG BANK
6754114
4/26/07

04/26/07 63530 73599 P.A. 100350/35333
\$ 6,500.00

Pay to the
order of Payee, LLC


\$6,500.00

On This day Four Hundred and Eighty Five Thousand and No/100th part of a Dollar

DOLLARS

Payee, LLC

MEMO



61904802552 #1001 04/26/07 \$6,500.00

04/26/07
0111-0048-111
EXPI-2530 TEC-3500 PK-14
110350/35333

04/26/07
P.O. # 110350/35333
ATM/1 PK CASH/100 0111002233 94-25-07 110350

110350/35333
Lyn Haggerty



Statement Period 06/01/07 TO 06/30/07

CONSULTANTS.COM ACQUISITION GROUP, LLC 127 NEWBURY STREET BOSTON, MA 02116		STATEMENT DATE 6/15/07	1002
PAY TO THE ORDER OF	Payday LLC	06/08/07	61904802552
Nine Thousand and 00/100			\$ 9,000.00
Payday LLC			
MEMO			
#001002# 61904802552#			#0000750000#

00000007 61904802552 INCL. EARNINGS
0111-2018-0001 06/18/07
00000007 61904802552 INCL. EARNINGS
0111-2018-0001 06/18/07
00000007 61904802552 INCL. EARNINGS
0111-2018-0001 06/18/07

61904802552 # 1002 06/08/07 \$9,000.00

CONSULTANTS.COM ACQUISITION GROUP, LLC 127 NEWBURY STREET BOSTON, MA 02116		STATEMENT DATE 6/15/07	1004
PAY TO THE ORDER OF	Payday LLC	06/18/07	61904802552
Seven Thousand Five Hundred and 00/100			\$ 7,500.00
Payday LLC			
MEMO			
#001004# 61904802552#			#0000750000#

0415000000 INCL. EARNINGS
00000007 61904802552 INCL. EARNINGS
0111-2018-0001 06/18/07
00000007 61904802552 INCL. EARNINGS
0111-2018-0001 06/18/07
00000007 61904802552 INCL. EARNINGS
0111-2018-0001 06/18/07

1120762702

61904802552 # 1004 06/18/07 \$7,500.00

1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to understand what customers want and what problems they are facing. Once a need is identified, the next step is to develop a concept that addresses this need. This is often done through brainstorming sessions with a team of designers and engineers.

2. The second step is to create a prototype. A prototype is a small-scale model of the product that is used to test the concept and gather feedback from potential customers. This can be done using a variety of materials and techniques, depending on the nature of the product. For example, a physical prototype might be made of wood or plastic, while a digital prototype might be created using computer-aided design (CAD) software.

3. The third step is to conduct a feasibility study. This involves evaluating the technical, financial, and market viability of the product. Technical feasibility involves assessing whether the product can be manufactured using current technology. Financial feasibility involves estimating the costs of production and determining whether the product can be sold at a price that covers these costs. Market feasibility involves assessing whether there is a sufficient market for the product.

4. The fourth step is to develop a business plan. A business plan is a document that outlines the company's strategy for producing and selling the product. It typically includes information about the company's mission, vision, and goals, as well as details about the product, the market, and the financial projections. The business plan is used to attract investors and to guide the company's operations.

5. The fifth step is to manufacture the product. This involves setting up a production line and hiring workers to assemble the product. Manufacturing can be done in a variety of ways, depending on the scale of production. For example, a small-scale manufacturer might use a workshop, while a large-scale manufacturer might use a factory.

6. The sixth step is to distribute the product. This involves getting the product into the hands of customers. There are many ways to distribute a product, including through retail stores, online marketplaces, and direct sales. The distribution strategy should be chosen based on the nature of the product and the target market.

7. The seventh step is to monitor the product's performance. This involves tracking sales, customer feedback, and other metrics to determine how well the product is doing in the market. This information is used to make adjustments to the product and the business plan as needed.

8. The eighth step is to iterate. This involves making improvements to the product based on customer feedback and market data. This is an ongoing process that continues throughout the product's life cycle.

9. The ninth step is to scale the product. This involves increasing the production volume and expanding the distribution network. This is often done by raising additional capital and hiring more workers.

10. The tenth step is to exit the market. This involves selling the company or the product line. This can be done in a variety of ways, including through an initial public offering (IPO) or a private sale.

page 4 of 4

61904802552

61904802552	# 1006	08/13/07	\$10,000.00
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Exhibit I

CLAIMS BY ESCOM LLC, PHONE.COM LLC & CONSULTANTS.COM LLC

On behalf of Sovereign Bank ("Bank") customers Escom LLC ("Escom"), Phone.com LLC ("Phone"), and Consultants.com LLC ("Consultants"), demand is hereby made that Bank promptly reimburse these entities a total of \$500,961.62 for the negligence and other wrongs of the Bank described below. In each of these cases, the forgeries and/or frauds of Mr. Christopher Britt ("Britt") would not have been possible (and no harm would have come to Escom, Phone or Consultants) had not Bank acted in a negligent and wrongful fashion.

Contact by Bank on this matter to Escom, Phone and/or Consultants should be through the following attorneys for these entities:

Brian H. Leventhal, Esq.
General Counsel
WashingtonVC
600 Jefferson Street, Suite 320
Rockville, MD 20852
Tel: 301-775-9240
Fax: 301-576-3538
bleventhal@washingtonvc.com

Geoffrey R. Bok, Esq.
Stoneman, Chandler & Miller
99 High Street
Boston, MA 02110
Tel: 617-542-6789
Fax: 617-556-8989
gbok@scmlp.com

Please note that there may be additional transactions upon which claims will be made against Bank.

As requested by Bank, these matters were reported to the Office of the U.S. Attorney in Boston – which sent Escom, Phone and Consultants to talk to officials at the U.S. Postal Inspection Service at 495 Summer Street, Boston MA 02210. A meeting on these matters was held on June 17, 2008 with Postal Inspector/Fraud Team Leader Ms. Shelly A. Binkowski (tel: 617-556-4417) and Postal Inspector Ms. Kelly Blood (tel: 617-556-0429) who will be investigating this matter for possible criminal prosecution.

1. \$304,849.62 Claim of Escom

As shown on the attached documents, the only approved signatories on the Escom accounts at Bank in March 2008 were Andrew Miller and Peter Hubshman. Yet, on March 4, 2008, Britt went to a Bank branch office in Boston and without authority (i) closed the Escom checking account (61904955806) and transferred the \$3,403.36 balance to Escom's money market account (61900164940), and (ii) then closed the Escom's money market account (61900164940) and put the entire balance of this account (\$304,849.62) into a Bank "official check" (0038106) made out to "ESCOM LLC". Bank then gave this check to Britt. Britt then deposited this check made out to Escom without any endorsement into a Bank account that does not belong to Escom.

Bank's culpability on this claim is thus multiple – e.g., allowing Britt to close the Escom checking account, allowing Britt to close the Escom money market account, allowing Britt to

remove the closing proceeds from these accounts through the Bank's "official check", and finally allowing Britt to deposit the "official check" made out to Escom into a non-Escom account rather than sending these proceeds to Escom.

2. \$150,000 Claim of Phone

As shown on the attached documents, a Fidelity Check for \$150,000 from Mr. Brian Lee Scott and others that was made out to "Phone.com LLC" was deposited, apparently by Britt, into Bank account 61900068503 (which is not a Phone.com account) without consent from Phone.com.

Thus, Bank's culpability on this claim is allowing Britt to deposit a \$150,000 check made out to Phone.com into a non-Phone.com account without a valid endorsement from any Phone account signatory.

3. \$5,612 Claim of Phone

As shown on the attached statement, Britt took a Phone check from its Bank checking account (61904967991) for \$5,612.00 made out to "American Express" and deposited this check without any signature of endorsement into a Bank account not belonging to either American Express or Phone (apparently it was deposited into a Priviley LLC account controlled by Britt).

Thus, Bank's culpability on this claim is allowing Britt to deposit a \$5,612 check made out to American Express into a non- American Express or Phone.com account without a valid endorsement from any American Express or Phone account signatory.

4. \$40,500 Claim of Consultants

As shown on the attached documents, Britt forged the signatures of the authorized signatories on Consultants' checking account (61904802552) on check numbers 1001, 1002, 1004, 1005, and 1006 – which total \$40,500. All of these checks are made out to Priviley LLC, a business that Britt owns and that has no business relationship with Consultants.

Thus, Bank's culpability on this claim is allowing Britt to deposit these five forged checks into his Priviley account without a valid endorsement from any Consultants account signatory.

06/09/2008 MON 9:59 FAX

001/005



Sovereign Bank

Fax

To:	From:
BRIAN	Donna Wolfe, Vice President
	Dwolfe@sovereignbank.com
Company:	Date:
	6-9-08
Fax Number:	Total No. of Pages Including Cover:
Phone Number:	Sender's Phone Number:
	617-236-2901
RE:	Sender's Fax Number:
	617-859-7937
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply	

PRUDENTIAL BRANCH -800 BOYLSTON ST- BOSTON.MA 02109
617-236-0772- MA1 CBO 0619

This fax message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender and destroy the message. Thank you.

06/09/2008 MON 9:59 FAX

002/005



Sovereign Bank

Commonwealth/State of MassachusettsCounty of Suffolk

AFFIDAVIT OF FORGERY

The undersigned, residing at the address given below, states that the check/draft/withdrawal described below has been examined and the item is disputed on the grounds of:

- ☒ Forged or Unauthorized Signature
☐ Forged or Unauthorized Endorsement
☐ Altered Amount/Payee/Date
☐ Endorsement Not as Drawn

Substitute Check Involved
 Verbally Authorized Checks

- ☐ Yes - Complete Online Adjustment Form and send Affidavit to Adj. Dept
☐ Yes - Complete Online Adjustment Form and send Affidavit to Adj. Dept

Item	Description	Date	Amount	Check Number	Payee Name	Address
1	Withdrawal	3/04/08	\$304,849.62	3/04/08	61900164940	Escom LLC
2						
3						
4						
5						
6						

(Use separate form for each additional 5 items)

I certify that I have not authorized any person to sign, endorse, or alter the item described above. I further certify that I have received no proceeds or any other benefit from the unauthorized payment/ negotiation of this item.

By my signature below, I agree to assist or testify on behalf of Sovereign Bank in the resolution and/or prosecution of this matter. I understand that if I fail to provide such assistance, the bank may treat that failure as ratification of the allegedly unauthorized conduct, which could result in the denial of reimbursement of my claim. _____ (Customer initial)

If any check listed above is a remotely created draft, I hereby certify that I did not authorize the issuance of the remotely created check in the amount stated on the check or to the payee named on the check.

Sworn to and subscribed before me

this _____ day of _____

Notary Public _____

Signature (1) _____

(2) _____

(3) _____

Date: _____ Time: _____

MAIL TO: Loss Prevention & Security Fraud Claims MA1 MB3 02-05

Revised 05.25.07

06/09/2008 MON 10:00 FAX

0003/005

A. SUPPLEMENT TO AFFIDAVIT OF FORGERY:

Date: _____

1. Affiant's Residential Address: _____

Phone: _____

2. Business Address _____

Phone _____

FORGED SIGNATURE: _____

3. Checks taken from: (Address & specific location) _____

Date taken: _____

4. Quantity taken: _____

Serial No's _____

5. How were checks obtained by the forger? ☐ Burglary ☐ Larceny

Additional comments: _____

6. Police Department and case number: (Hard Copy preferred) _____

7. Does Affiant know the payee? _____

☐ Yes☐ No

Explain: _____

8. Was anything else missing? (Identification, ATM card, Credit Card) ☐ Yes ☐ No If yes, please describe below: _____**FORGED ENDORSEMENT:** _____

9. Did the payee ever have possession of the check? _____

☐ Yes☐ No

10. Did the payee endorse the check? _____

☐ Yes☐ No**FORGED WITHDRAWAL:** _____

11. Savings account type: _____

Passbook

Statement

12. Where was the passbook/register kept? _____

13 How was the passbook taken _____

☐ Burglary☐ Larceny

14. Who had access to the passbook/register? _____

ALTERATIONS: _____

15. How is the item altered? _____

Amount

Date

Payee name

B. GENERAL: _____

16. Does affiant suspect a specific person? _____

☐ Yes☐ No

State Name & Address: _____

MAIL TO: Loss Prevention & Security Fraud Claims MA1 MB3 02-05

Revised 05.25.07

06/09/2008 MON 10:00 FAX

004/005

17. Does affiant know a person fitting the suspect's description?
State Name & Address:

☐ Yes

☐ No

MAIL TO: Loss Prevention & Security Fraud Claims MA1 MB3 02-05

Revised 05.25.07

005/005

002/002

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

00381061

Sovereign Bank

OFFICIAL CHECK

MEMO: \$*****304,849.62

03/04/2008

Branch: 0619 Void If Amount Over \$*****304,849.62

PAY TO THE ORDER OF ESCOM LLC.

Drawer: Sovereign Bank

[Signature]

AUTHORIZED SIGNATURE

DRAWER: SOVEREIGN BANK ISSUED BY: SOVEREIGN BANK

⑈00381061⑈ ⑆011075150⑆ 98500936889⑈

CaptureDate:03/05/2008 Account:98500936889 AltAcct:98500936889 Amount:\$304,849.62 RT:11075150 TC:90 OrigTC:0
SerialNumber:38106 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433875940 TRD:0

[illegible]

06/09/2008 MON 10:43 FAX

001/007

**Sovereign Bank****Fax**

To:	From:
BRIAN	Donna Wolfe, Vice President
Company:	Dwolfe@sovereignbank.com
	Date:
	6-9-08
Fax Number:	Total No. of Pages Including Cover:
	57
Phone Number:	Sender's Phone Number:
	617-236-2901
RE:	Sender's Fax Number:
	617-859-7937
<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review
<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply

PRUDENTIAL BRANCH -800 BOYLSTON ST- BOSTON.MA 02199
617-236-0772- MA1 CBO 0619

This fax message contains information which may be confidential and privileged. Unless you are the addressee (or authorized to receive for the addressee), you may not use, copy or disclose to anyone the message or any information contained in the message. If you have received the message in error, please advise the sender and destroy the message. Thank you.

06/09/2008 MON 10:43 FAX

002/007

Signature Card

Date Opened: 01/05/2008

By: Donna Wolfe

Institution Name & Address

Sovereign Bank New England
75 State St
Boston Ma 02110

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Business Entity Information below. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	ANDREW T MILLER
Address (No P.O. Boxes)	32 STUART ST NEWTON MA 02459
Mailing Address (if different)	
Home Phone	(617)418-8588
Work Phone	(617)517-9311
Mobile Phone	
E-Mail	
Birth Date	03/25/65
SSN/TIN	034-62-9289
Country of Citizenship	United States
Primary ID	KC - IDing TM Sup Approval
Secondary ID	EC -
Occupation	PRESIDENT & CO FOUNDER
Employer's Name & Address	INTERNET REAL ESTATE.COM 123 NEWBURY ST 2ND FL BOSTON MA 02116
Mother's Maiden Name	

Business Entity Information

Name	ESCOM LLC
EIN	20-4038609
Phone	(617) 517-9312
Mobile Phone	
E-Mail	
State/Country & Date of Organization	DE / 01/04/08
Nature of Business	MARKETING
Address (No P.O. Boxes)	123 NEWBURY ST 2ND FLOOR BOSTON MA 02116
Mailing Address (if different)	
Primary Purpose of Account	Operating
Percentage of International Operation or Sales	0%
Check Systems Inquiry Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>NO RECORD</i> <i>NEELYN</i>

Internal Use**Account Title & Address**

ESCOM LLC

123 NEWBURY ST 2ND FLOOR
BOSTON MA 02116

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input type="checkbox"/> Joint with Survivorship | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Informal Trust | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Sole Proprietorship |
| | <input checked="" type="checkbox"/> Limited Liability Company |
| | <input type="checkbox"/> Unincorporated Association |

☐ Formal Trust-Separate Agreement Dated: _____

Type of Account	Account #	Initial Deposit Source
Checking	61904955806	\$ 10.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/> Cash <input type="checkbox"/> Check

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, the following:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Deposit Account Agreement | <input type="checkbox"/> Rate Information | <input type="checkbox"/> Privacy Policy |
| <input checked="" type="checkbox"/> Fee Schedule | <input type="checkbox"/> CD Disclosure | |

[X] *[Signature]*

Qualifile Approved _____ Sup. Approval _____

[X] *[Signature]*

Qualifile Approved _____ Sup. Approval _____

[X] _____

Qualifile _____ Sup. Approval _____

[X] _____

Qualifile _____ Sup. Approval _____

☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

06/09/2008 MON 10:43 FAX

003/007

06/09/2008 MON 10:30 FAX

002/002

Escom LLC

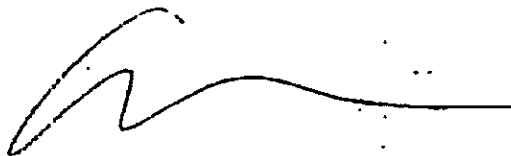
619 049 55806

304 Newbury Street
Suite #187
Boston, MA 02115
(617) 517-9301

March 6, 2008

Dear Sir or Madam:

I authorize Christopher Britt to sign on behalf of Escom and also request that you remove Peter Hubshman from the Escom bank accounts.



Andrew Miller
Manager, Domain Name Acquisition Group LLC

3/6/08

06/09/2008 MON 10:44 FAX

0005/007

CHECKING, SAVINGS AND MONEY MARKET CLOSURE WITHDRAWAL		EFT	
CUSTOMER NAME	ESCOM LLC	DATE	3/4/08
CUSTOMER ADDRESS	Three Hundred, Four thousand eight hundred, Eighty nine & 62/100		
WRITTEN AMOUNT	CASH		
CUSTOMER SIGNATURE	<div style="display: flex; justify-content: space-between;"> <div>Withdrawal Date: 03/04/08</div> <div>RT: 26 Tr: 003 0</div> </div> <div style="display: flex; justify-content: space-between;"> <div>AN 61900164940</div> <div>Seq 0075 0619</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Ant</div> <div>304,849.62</div> </div>		
ACCOUNT NUMBER	61900164940	\$	304,849.62
⑈5637⑈5594⑈		AMOUNT	

CaptureDate:03/04/2008 Account:61900164940 AltAcct:61900164940 Amount:\$304,849.62 RT:56375594 TC:94 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433153670 IRD:0 BLNK:0

0433153670 >211370299<
 R026 B40 P1 SOVEREIGN
 03/04/2008 BOSTON, MA

06/09/2008 MON 10:44 FAX

0006/007

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

Sovereign Bank New England

75 State St

Boston Ma 02110

By: ESCOM LLC

(Limited Liability Company)

123 NEWBURY ST 2ND FLOOR

(Address)

BOSTON MA 02116

(City, State and Zip Code)

A. I, PETER HUBSHMAN, certify that I am a manager of, or a member designated to act on behalf of, the above-named limited liability company organized under the laws of DELAWARE, Federal Employer I.D. Number 20-4038609, engaged in business under the trade name of ESCOM LLC.

and that the following is a correct copy of resolutions adopted at a duly and properly called meeting held on 01/04/2006 of all members of the limited liability company or the person or persons designated by the members of the limited liability company to manage the limited liability company as provided in the articles of organization or an operating agreement, hereinafter referred to as "Managers". These resolutions appear in the minutes of that meeting and have not been rescinded or modified.

B. Be it resolved that,

(1) The Financial Institution named above is designated as a depository for the funds of this limited liability company.

(2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by this Financial Institution.

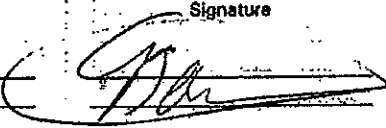
(3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this limited liability company with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.

(4) Any of the persons named below, so long as they act in a representative capacity as agents of this limited liability company, are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated below, from time to time with this Financial Institution, concerning funds deposited in this Financial Institution, moneys borrowed from this Financial Institution or any other business transacted by and between this limited liability company and this Financial Institution subject to any restrictions stated below.

(5) Any and all prior resolutions adopted by the Managers of this limited liability company and certified to this Financial Institution as governing the operation of this limited liability company's account(s), are in full force and effect, unless supplemented or modified by this authorization.

(6) This limited liability company agrees to the terms and conditions of any account agreement, properly opened by any authorized representative(s) of this limited liability company. The Financial Institution may charge this limited liability company for all checks, drafts, or other orders for the payment of money that are drawn on the Financial Institution which contain the required number of signatures for this purpose. The Financial Institution may rely on facsimile signatures, regardless of by whom or by what means the facsimile signature(s) may have been affixed so long as they resemble the facsimile signature specimens in section C, or the facsimile signature specimens that this limited liability company files with the Financial Institution from time to time.

C. If indicated, any person listed below (subject to any expressed restrictions) is authorized to:

Name and Title	Signature	Facsimile Signature (If used)
(a) <u>ANDREW MILLER</u> <u>PRESIDENT</u>		
(b) <u>PETER HUBSHMAN</u> <u>CEO</u>		
(c) _____		
(d) _____		

Indicate a, b, c and/or d

A,B (i) Exercise all of the powers listed in (ii) through (vi).
 (ii) Open any deposit or checking account(s) in the name of this limited liability company.
 (iii) Endorse checks and orders for the payment of money and withdraw funds on deposit with this Financial Institution. Number of authorized signatures required for this purpose _____
 (iv) Borrow money on behalf and in the name of this limited liability company, sign, execute and deliver promissory notes or other evidences of indebtedness. Number of authorized signatures required for this purpose _____
 (v) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by this limited liability company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. Number of authorized signatures required for this purpose _____
 (vi) Enter into written lease for the purpose of renting and maintaining a Safe Deposit Box in this Financial Institution. Number of authorized persons required to gain access and to terminate the lease _____

D. I further certify that the Managers of this limited liability company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal, if any, of this limited liability company on

01/05/2006

(date)


 Manager

Seal

Attest by One Other Manager

06/09/2008 MON 10:45 FAX

007/007

Signature Card

Date Opened: 01/05/2006

By: Donna Wolfe

Institution Name & Address

Sovereign Bank New England
75 State St
Boston Ma 02110

Internal Use

Account Title & Address

ESCOM LLC

123 NEWBURY ST 2ND FLOOR
BOSTON MA 02116

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual ☐ Corporation - For Profit
☐ Joint with Survivorship ☐ Corporation - Nonprofit
☐ Informal Trust ☐ Partnership
☐ Sole Proprietorship
☒ Limited Liability Company
☐ Unincorporated Association

☐ Formal Trust-Separate Agreement Dated: _____

Type of Account	Account #	Initial Deposit/Source
Checking	61904955806	\$ 10.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
61900164940	MONEY MKT.	\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, the following:

- ☒ Deposit Account Agreement ☐ Rate Information ☐ Privacy Policy
☒ Fee Schedule ☐ CD Disclosure

☐

[x]

Qualifile Approved _____ Sup. Approval _____

[x]

Qualifile Approved _____ Sup. Approval _____

[x]

Qualifile _____ Sup. Approval _____

[x]

Qualifile _____ Sup. Approval _____

☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Business Entity Information below. There is additional Owner/Signer information space on page 2.

Owner/Signer Information 1

Name	ANDREW T MILLER
Address (No P.O. Boxes)	32 STUART ST NEWTON MA 02459
Mailing Address (if different)	
Home Phone	(617)416-6586
Work Phone	(617)517-9311
Mobile Phone	
E-Mail	
Birth Date	03/25/65
SSN/TIN	034-62-9289
Country of Citizenship	United States
Primary ID	KC - IDing TM Sup Approval _____
Secondary ID	EC -
Occupation	PRESIDENT & CO FOUNDER
Employer's Name & Address	INTERNET REAL ESTATE.COM 123 NEWBURY ST 2ND FL BOSTON MA 02116
Mother's Maiden Name	

Business Entity Information

Name	ESCOM LLC
EIN	20-4038609
Phone	(617) 517-9312
Mobile Phone	
E-Mail	
State/Country & Date of Organization	DE / 01/04/06
Nature of Business	MARKETING
Address (No P.O. Boxes)	123 NEWBURY ST 2ND FLOOR BOSTON MA 02116
Mailing Address (if different)	
Primary Purpose of Account	Operating
Percentage of International Operation or Sales	0%
Check Systems Inquiry Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Reason: NO RECORD MERLIN

06/09/2008 MON 12:51 FAX
06/09/2008 MON 10:46

iR3025

001/005
001

*** TX REPORT ***

JOB NO. 2457
ST. TIME 06/09 10:42
PGS. 7
SEND DOCUMENT NAME

TX/RX INCOMPLETE -----
TRANSACTION OK 13015763538
ERROR -----



Sovereign Bank

Fax

To:

BRIAN

From:

Donna Wolfe, Vice President

Dwolfe@sovereignbank.com

Company:

Date:

6-9-08

Fax Numbers:

Total No. of Pages Including Cover:

5

4

Phone Numbers:

Sender's Phone Number:

617-236-2901

RE:

Sender's Fax Number:

617-859-7937

☐ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

06/09/2008 MON 12:51 FAX

002/005

100000-0
ESCOM LLC
304 NEWBURY ST STE 487
BOSTON MA 02115-2839

Statement Period 03/01/08 TO 03/31/08
Primary Account #: 61904955806

*For your convenience our Business
Solution Center is available Monday
through Friday, 8:00 a.m. to 6:00 p.m.
Call us at 1-877-768-1145.
www.sovereignbank.com*

70340

Accept credit and debit payments and get next-day funds access!
Offer your customers the payment choices they really want—and get
faster access to that cash. With Sovereign Merchant Services, you'll
benefit from:

- * Next business day access to your funds (1)
- * Affordable processing for businesses of any size
- * Acceptance of all major credit cards and debit cards via terminals,
telephones, Internet or mail order
- * A full range of terminals and integrated point-of-sale systems
- * Online account reconciliation and reporting
- * State-of-the-art hardware and software

To get all the details on Sovereign Merchant Services, call the
toll-free number at the top of this page, visit us online at
sovereignbank.com, or email us at specserv@sovereignbank.com.

(1) Next-day funds access for VISA and MasterCard credit and
signature-based debit card transactions only. Available when linked
to your Sovereign business checking account and when all outlined
procedures are followed.

06/09/2008 MON 12:52 FAX

003/005

Statement Period 03/01/08 TO 03/31/08
PRIMARY ACCOUNT #: 61904955808**FREE BUSINESS CHECKING**

Statement Period 03/01/08 - 03/31/08

ESCOM LLC

Account # 61904955808

Balances

Beginning Balance	\$3,403.35	Ending Balance	\$0.00
Deposits/Credits	+ \$0.00	Average Daily Balance	\$5,472.32
Withdrawals/Debits	\$3,403.35		

Account Activity

Date	Description	Credits	Debits	Balance
03-01	Beginning Balance			\$3,403.35
03-04	CLOSING TRANSACTION		\$3,403.35	\$0.00
03-31	Ending Balance			\$0.00

06/09/2008 MON 12:52 FAX

0004/005

CHIT UNING SAVINGS AND MONEY MARKET CLOSE DATE 03/04/08		0004/005	
CUSTOMER NAME	ESCOM	DATE	3/4/08
CUSTOMER ADDRESS			
WRITTEN AMOUNT	Three thousand, four hundred, three and 35/100		
CUSTOMER SIGNATURE	Date 03/04/08 17:24 Teller 002 Withdrawal AN: *****5806 Transaction Amount: 0619 Seq: 102 Prior Day Closing Bal: \$3,403.35 Current Balance: \$3,403.35 Available Balance: \$3,403.35		
ACCOUNT NUMBER	61904955806		
⑈5637⑈5594⑈			

CaptureDate:03/04/2008 Account:61904955806 AltAcct:61904955806 Amount:\$3,403.35 RT:56375594 TC:94 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:D Endpoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433152440 IRD:0 BLNK:0

0433152440 >211370299<
 R026 B39 P1 SOVEREIGN
 03/04/2008 BOSTON, MA

0005/005

ADVISE OF CREDIT

Sovereign Bank Now England

AID024NE (prev date 04/08)

DATE	3/4/08
PREPARED BY	[Signature]
APPROVED BY	[Signature]

CUSTOMER NAME: **ESCOM**
WE CREDIT YOUR ACCOUNT AS FOLLOWS:

☐ FEE REBATE
☐ LOAN DISBURSEMENT
☒ DEPOSIT CORRECTION
☐ OTHER

DETAILS OF TRANSACTION (REQUIRED):

Acct Trans

Date 03/04/08 17:24 Teller 002
Deposit
AN: *****4940 Seq: 103
0619

ACCOUNT NUMBER

61900164940

⑈5637⑈5530⑈

Transaction Amount: \$3,403.35
Prior Day Closing Bal: \$301,404.82
Current Balance: \$304,808.17
Available Balance: \$
TOTAL AMOUNT
\$3403.35

CaptureDate:03/04/2008 Account:61900164940 AltAcct:61900164940 Amount:\$3,403.35 RT:56375530 TC:30 OrigTC:0
SerialNumber:0 CaptureSite:610 DbCr:C EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433152430 IRD:0 BLNK:0

0433152430 ⑈E11370209⑈
R026 B39 P1. SOVEREIGN
03/04/2008 BOSTON, MA

Exhibit J

STONEMAN, CHANDLER & MILLER LLP

99 HIGH STREET
BOSTON, MASSACHUSETTS 02110

TELEPHONE (617) 542-6789

FACSIMILE (617) 556-8989

WWW.SCMLLP.COM

ALAN S. MILLER
ROBERT CHANDLER
CAROL CHANDLER
KAY H. HODGE
ROBERT G. FRASER
REBECCA L. BRYANT
GEOFFREY R. BOX

NANCY N. NEVILS
JOAN L. STEIN
JOHN M. SIMON
KATHERINE D. CLARK
ANDREA L. BELL
COLBY C. BRUNT
MIRIAM K. FREEDMAN
OF COUNSEL

July 9, 2008

By Certified Mail - RRR

Mr. Joseph P. Campanelli
President and CEO
Sovereign Bancorp, Inc.
Sovereign Bank
P.O. Box 12646
Reading, PA 19612

Re: Claims of Escom LLC, Phone.com LLC, Consultants.com LLC

Dear Mr. Campanelli:

On behalf of Sovereign Bank ("Bank") customers Escom LLC ("Escom"), Phone.com LLC ("Phone"), and Consultants.com LLC ("Consultants"), formal demand is hereby made pursuant to Mass. Gen. L. c. 93A that Bank within thirty (30) days of your receipt of this demand letter agree to reimburse or repay promptly these entities a total of \$500,961.62 for the unfair and deceptive trade practices described below. This demand is made on both Bank and its parent Sovereign Bancorp, Inc.

As I am sure Bank knows, Chapter 93A fully applies to the treatment by a bank of one of its customers. See generally Gossels v. Fleet National Bank, 69 Mass. App. Ct. 797 (2007) (Fleet Bank found to have violated Chapter 93A with respect to its wrongful conduct towards a bank customer).

As detailed in the attached document (with attachments) entitled "CLAIMS BY ESCOM LLC, PHONE.COM LLC & CONSULTANTS.COM LLC" (a copy of which was served on Bank employee Ms. Laura Boulay on June 18, 2008), which is fully incorporated herein by reference (the "Claim Summary"), Bank wrongfully allowed Mr. Christopher Britt ("Britt") to access, transfer and otherwise

STONEMAN, CHANDLER & MILLER LLP

Mr. Joseph P. Campanelli

July 9, 2008

Page 2

expropriate at least \$500,961.62 in money that belongs to Escom, Phone and Consultants (the "Lost Funds"). At no time was Britt on any Bank record an approved signatory for these Escom, Phone and Consultants accounts. Although Britt acted illegally (and this matter has been reported by my clients for prosecution by the Federal authorities), Britt would not have been able to obtain the Lost Funds (and no financial harm would have come to Escom, Phone and/or Consultants) had not Bank repeatedly acted in a grossly negligent, unfair, deceptive, willful, knowing and wrongful fashion that violates Mass. Gen. L. c. 93A as well as Bank's contractual, common law, statutory and/or fiduciary relationship with Escom, Phone and Consultants.

In addition, and despite having received the Claim Summary on June 18, 2008, Bank has also wrongfully refused to date to repay Escom, Phone and Consultants the Lost Funds even though it is very clear that Bank's actions and/or inactions resulted in this loss. This refusal by Bank to reimburse or repay Escom, Phone and Consultants the Lost Funds is itself an unfair, deceptive, willful, knowing and wrongful act that violates Mass. Gen. L. c. 93A as well as Bank's contractual, common law, statutory and/or fiduciary relationship with Escom, Phone and Consultants.

Furthermore, Bank's continued failure to reimburse or repay Escom, Phone and Consultants has and will continue to cause additional substantial economic harm to all of these entities in amounts that have yet to be quantified, including due to lost opportunities and profits resulting from the unavailability of the Lost Funds.

In light of the foregoing, Escom, Phone, and Consultants demand that Bank and/or Sovereign Bancorp, Inc. reimburse or repay these entities the Lost Funds pursuant to the allocation described in the Claim Summary.

Under Mass. Gen. L. c. 93A, you have thirty (30) days from your receipt of this letter to respond with a reasonable offer of settlement. If you fail to do so, sections 9 and/or 11 of that statute provide that you can be found liable for multiple (up to triple) damages as well as the reasonable attorneys fees and costs incurred by Escom, Phone, and Consultants for the prosecution of this action.

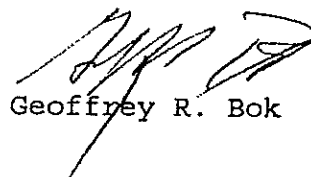
STONEMAN, CHANDLER & MILLER LLP

Mr. Joseph P. Campanelli
July 9, 2008
Page 3

Finally, unless the Lost Funds are reimbursed as demanded in this letter, a request is hereby made for a complete copy of the investigative files and reports of Ms. Laura Boulay and Bank in this matter.

If you have any further questions on this matter, please have your attorney contact either me or Attorney Brian H. Leventhal, Esq. at the address on the Claim Summary. Thank you.

Sincerely,



Geoffrey R. Bok

GRB/g

Enclosure

cc: Denise A. Gaudet, Esq.
 (By email and first class mail)
 Brian H. Leventhal, Esq.
 (By email only)

CLAIMS BY ESCOM LLC, PHONE.COM LLC & CONSULTANTS.COM LLC

On behalf of Sovereign Bank ("Bank") customers Escom LLC ("Escom"), Phone.com LLC ("Phone"), and Consultants.com LLC ("Consultants"), demand is hereby made that Bank promptly reimburse these entities a total of \$500,961.62 for the negligence and other wrongs of the Bank described below. In each of these cases, the forgeries and/or frauds of Mr. Christopher Britt ("Britt") would not have been possible (and no harm would have come to Escom, Phone or Consultants) had not Bank acted in a negligent and wrongful fashion.

Contact by Bank on this matter to Escom, Phone and/or Consultants should be through the following attorneys for these entities:

Brian H. Leventhal, Esq.
General Counsel
WashingtonVC
600 Jefferson Street, Suite 320
Rockville, MD 20852
Tel: 301-775-9240
Fax: 301-576-3538
bleventhal@washingtonvc.com

Geoffrey R. Bok, Esq.
Stoneman, Chandler & Miller
99 High Street
Boston, MA 02110
Tel: 617-542-6789
Fax: 617-556-8989
gbok@scmlp.com

Please note that there may be additional transactions upon which claims will be made against Bank.

As requested by Bank, these matters were reported to the Office of the U.S. Attorney in Boston – which sent Escom, Phone and Consultants to talk to officials at the U.S. Postal Inspection Service at 495 Summer Street, Boston MA 02210. A meeting on these matters was held on June 17, 2008 with Postal Inspector/Fraud Team Leader Ms. Shelly A. Binkowski (tel: 617-556-4417) and Postal Inspector Ms. Kelly Blood (tel: 617-556-0429) who will be investigating this matter for possible criminal prosecution.

1. \$304,849.62 Claim of Escom

As shown on the attached documents, the only approved signatories on the Escom accounts at Bank in March 2008 were Andrew Miller and Peter Hubshman. Yet, on March 4, 2008, Britt went to a Bank branch office in Boston and without authority (i) closed the Escom checking account (61904955806) and transferred the \$3,403.36 balance to Escom's money market account (61900164940), and (ii) then closed the Escom's money market account (61900164940) and put the entire balance of this account (\$304,849.62) into a Bank "official check" (0038106) made out to "ESCOM LLC". Bank then gave this check to Britt. Britt then deposited this check made out to Escom without any endorsement into a Bank account that does not belong to Escom.

Bank's culpability on this claim is thus multiple – e.g., allowing Britt to close the Escom checking account, allowing Britt to close the Escom money market account, allowing Britt to

remove the closing proceeds from these accounts through the Bank's "official check", and finally allowing Britt to deposit the "official check" made out to Escom into a non-Escom account rather than sending these proceeds to Escom.

2. \$150,000 Claim of Phone

As shown on the attached documents, a Fidelity Check for \$150,000 from Mr. Brian Lee Scott and others that was made out to "Phone.com LLC" was deposited, apparently by Britt, into Bank account 61900068503 (which is not a Phone.com account) without consent from Phone.com.

Thus, Bank's culpability on this claim is allowing Britt to deposit a \$150,000 check made out to Phone.com into a non-Phone.com account without a valid endorsement from any Phone account signatory.

3. \$5,612 Claim of Phone

As shown on the attached statement, Britt took a Phone check from its Bank checking account (61904967991) for \$5,612.00 made out to "American Express" and deposited this check without any signature of endorsement into a Bank account not belonging to either American Express or Phone (apparently it was deposited into a Priviley LLC account controlled by Britt).

Thus, Bank's culpability on this claim is allowing Britt to deposit a \$5,612 check made out to American Express into a non- American Express or Phone.com account without a valid endorsement from any American Express or Phone account signatory.

4. \$40,500 Claim of Consultants

As shown on the attached documents, Britt forged the signatures of the authorized signatories on Consultants' checking account (61904802552) on check numbers 1001, 1002, 1004, 1005, and 1006 – which total \$40,500. All of these checks are made out to Priviley LLC, a business that Britt owns and that has no business relationship with Consultants.

Thus, Bank's culpability on this claim is allowing Britt to deposit these five forged checks into his Priviley account without a valid endorsement from any Consultants account signatory.

06/09/2008 MON 9:59 FAX

001/005



Sovereign Bank™

Fax

<hr/>	
To:	From:
BRIAN	Donna Wolfe, Vice President
	Dwolfe@sovereignbank.com
<hr/>	
Company:	Date:
	6-9-08
<hr/>	
Fax Number:	Total No. of Pages Including Cover:
<hr/>	
Phone Number:	Sender's Phone Number:
	617-236-2901
<hr/>	
RE:	Sender's Fax Number:
	617-859-7937
<hr/>	
<input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply	
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617-236-0772- MA1 CBO 0619

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06/09/2008 MON 9:59 FAX

0002/005



Sovereign Bank

Commonwealth/State of MassachusettsCounty of Suffolk

AFFIDAVIT OF FORGERY

The undersigned, residing at the address given below, states that the check/draft/withdrawal described below has been examined and the item is disputed on the grounds of:

- ☒ Forged or Unauthorized Signature
☐ Forged or Unauthorized Endorsement
☐ Altered Amount/Payee/Date
☐ Endorsement Not as Drawn

Substitute Check Involved
 Verbally Authorized Checks

- ☐ Yes - Complete Online Adjustment Form and send Affidavit to Adj. Dept
☐ Yes - Complete Online Adjustment Form and send Affidavit to Adj. Dept

Item #	Type	Date	Amount	Date	Check #	Payee
1	Withdrawal	3/04/08	\$304,849.62	3/04/08	61900164940	Escom LLC
2						
3						
4						
5						
6						

(Use separate form for each additional 5 items)

I certify that I have not authorized any person to sign, endorse, or alter the item described above. I further certify that I have received no proceeds or any other benefit from the unauthorized payment/ negotiation of this item.

By my signature below, I agree to assist or testify on behalf of Sovereign Bank in the resolution and/or prosecution of this matter. I understand that if I fail to provide such assistance, the bank may treat that failure as ratification of the allegedly unauthorized conduct, which could result in the denial of reimbursement of my claim. _____ (Customer initial)

If any check listed above is a remotely created draft, I hereby certify that I did not authorize the issuance of the remotely created check in the amount stated on the check or to the payee named on the check.

Sworn to and subscribed before me

this _____ day of _____

Notary Public _____

Signature (1) _____

(2) _____

(3) _____

Date: _____ Time: _____

MAIL TO: Loss Prevention & Security Fraud Claims MA1 MB3 02-05

Revised 05.25.07

06/09/2008 MON 10:00 FAX

003/005

A. SUPPLEMENT TO AFFIDAVIT OF FORGERY:

Date: _____

1. Affiant's Residential Address: _____

Phone: _____

2. Business Address _____

Phone _____

FORGED SIGNATURE: _____

3. Checks taken from: (Address & specific location) _____

Date taken: _____

4. Quantity taken: _____

Serial No's _____

5. How were checks obtained by the forger? ☐ Burglary ☐ Larceny

Additional comments: _____

6. Police Department and case number: (Hard Copy preferred) _____

7. Does Affiant know the payee? _____

☐ Yes☐ No

Explain: _____

8. Was anything else missing? (Identification, ATM card, Credit Card) ☐ Yes ☐ No If yes, please describe below: _____**FORGED ENDORSEMENT:** _____

9. Did the payee ever have possession of the check? _____

☐ Yes☐ No

10. Did the payee endorse the check? _____

☐ Yes☐ No**FORGED WITHDRAWAL:** _____

11. Savings account type: _____

Passbook

Statement

12. Where was the passbook/register kept? _____

13 How was the passbook taken _____

☐ Burglary☐ Larceny

14. Who had access to the passbook/register? _____

ALTERATIONS: _____

15. How is the item altered? _____

Amount

Date

Payee name

B. GENERAL:

16. Does affiant suspect a specific person? _____

☐ Yes☐ No

State Name & Address: _____

MAIL TO: Loss Prevention & Security Fraud Claims MA1 MB3 02-05

Revised 05.25.07

06/09/2008 MON 10:00 FAX

0004/005

17. Does affiant know a person fitting the suspect's description?
State Name & Address:

☐ Yes

☐ No

MAIL TO: Loss Prevention & Security Fraud Claims MA1 MB3 02-05

Revised 05.25.07

005/005

002/002

VERIFICATION OF AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

00381061

Sovereign Bank

OFFICIAL CHECK

MEMO:

03/04/2008

*****304,849.62

Branch: 0619

Void If Amount Over *****304,849.62

PAY TO THE ORDER OF

ESCOM LLC.

DRAWEE: SOVEREIGN BANK ISSUED BY: SOVEREIGN BANK

Drawer: Sovereign Bank

[Signature]

AUTHORIZED SIGNATURE

00381061 0110751501 985009368849

CaptureDate:03/05/2008 Account:98500936889 AltAcct:98500936889 Amount:\$304,849.62 RT:11075150 TC:90 OrigTC:0
SerialNumber:38106 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433875940 IRD:0

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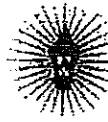
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06/09/2008 MON 10:43 FAX

001/007



Sovereign Bank

Fax

To:	From:
BRIAN	Donna Wolfe, Vice President
	Dwolfe@sovereignbank.com
Company:	Date:
	6-9-08
Fax Number:	Total No. of Pages Including Cover:
	8 7
Phone Number:	Sender's Phone Number:
	617-236-2901
RE:	Sender's Fax Number:
	617-859-7937
<input checked="" type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input type="checkbox"/> Please Reply	

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617-236-0772- MA1 CBO 0619

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06/09/2008 MON 10:43 FAX

002/007

Signature Card

Date Opened: 01/05/2008

By: Donna Wolfe

Institution Name & Address

Sovereign Bank New England
75 State St
Boston Ma 02110

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Business Entity Information below. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	ANDREW T MILLER
Address (No P.O. Boxes)	32 STUART ST NEWTON MA 02459
Mailing Address (if different)	
Home Phone	(617) 418-6586
Work Phone	(617) 517-9311
Mobile Phone	
E-Mail	
Birth Date	03/25/65
SSN/TIN	034-62-9289
Country of Citizenship	United States
Primary ID	KC - IDing TM Sup Approval
Secondary ID	EC -
Occupation	PRESIDENT & CO FOUNDER
Employer's Name & Address	INTERNET REAL ESTATE.COM 123 NEWBURY ST 2ND FL BOSTON MA 02116
Mother's Maiden Name	

Business Entity Information

Name	ESCOM LLC
BN	20-4038609
Phone	(617) 517-9312
Mobile Phone	
E-Mail	
State/Country & Date of Organization	DE / 01/04/06
Nature of Business	MARKETING
Address (No P.O. Boxes)	123 NEWBURY ST 2ND FLOOR BOSTON MA 02116
Mailing Address (if different)	
Primary Purpose of Account	Operating
Percentage of International Operation or Sales	0%
ChexSystems Inquiry Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>NO RECORD</i>

Internal Use**Account Title & Address**

ESCOM LLC

123 NEWBURY ST 2ND FLOOR
BOSTON MA 02116

Ownership of Account

The specified ownership will remain the same for all accounts.

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation - For Profit |
| <input type="checkbox"/> Joint with Survivorship | <input type="checkbox"/> Corporation - Nonprofit |
| <input type="checkbox"/> Informal Trust | <input type="checkbox"/> Partnership |
| | <input type="checkbox"/> Sole Proprietorship |
| | <input checked="" type="checkbox"/> Limited Liability Company |
| | <input type="checkbox"/> Unincorporated Association |

☐ Formal Trust-Separate Agreement Dated: _____

Type of Account	Account #	Initial Deposit Source
Checking	61904965806	\$ 10.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check
		\$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as Individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, the following:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Deposit Account Agreement | <input type="checkbox"/> Rate Information | <input type="checkbox"/> Privacy Policy |
| <input checked="" type="checkbox"/> Fee Schedule | <input type="checkbox"/> CD Disclosure | |

[X] *[Signature]* Qualfile Approved _____ Sup. Approval _____

[X] *[Signature]* Qualfile Approved _____ Sup. Approval _____

[X] _____ Qualfile _____ Sup. Approval _____

[X] _____ Qualfile _____ Sup. Approval _____

☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

06/09/2008 MON 10:43 FAX

06/09/2008 MON 10:30 FAX

0003/007

0002/002

Escom LLC

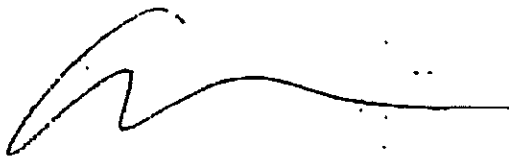
61904955806

304 Newbury Street
Suite #187
Boston, MA 02115
(617) 517-9301

March 6, 2008

Dear Sir or Madam:

I authorize Christopher Britt to sign on behalf of Escom and also request that you remove Peter Hubehman from the Escom bank accounts.



Andrew Miller
Manager, Domain Name Acquisition Group LLC

3/6/08

DDMAIN	Demand Deposit Display Main	3037	06/06/08
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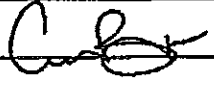
Acct 61900164940	PMA ACCOUNT	RATE INDEX	432	Pg 1 of 2
A A				
ESCOM LLC	Alpha-key	ESCOMLLC01		15
304 NEWBURY ST STE 487	TIN	20-4038609		--
BOSTON MA 02115-2839	Birth date	01/04/2006		LL
	Home phone	000-000-0000		0
	Work phone	617-517-9312		2
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A I F H C

F3=Exit

06/09/2008 MON 10:44 FAX

0005/007

DEPOSIT, SAVINGS AND MONEY MARKET CLOSE-OUT		BANK OF AMERICA	
CUSTOMER NAME	ESTOM LLC	DATE	3/4/08
CUSTOMER ADDRESS			
WRITTEN AMOUNT	Three Hundred, Four thousand, eight hundred, Eighty-nine & 100/100		
CUSTOMER SIGNATURE		Withdrawal Date	03/04/08 17:26 Tr 003 0
		AN	61900164940
		Seq	0075 0619
ACCOUNT NUMBER	61900164940	AMOUNT	\$ 304,849.62
	5637 5594		

CaptureDate:03/04/2008 Account:61900164940 AltAcct:61900164940 Amount:\$304,849.62 RT:56375594 TC:94 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433153670 IRD:0 BLNK:0

0433153670 >211370295K
 R026 B40 P1 SOVEREIGN
 03/04/2008 BOSTON, MA

06/09/2008 MON 10:44 FAX

006/007

LIMITED LIABILITY COMPANY AUTHORIZATION RESOLUTION

Sovereign Bank New England

75 State St

Boston Ma 02110

By: ESCOM LLC

(Limited Liability Company)

123 NEWBURY ST 2ND FLOOR

(Address)

BOSTON MA 02116

(City, State and Zip Code)

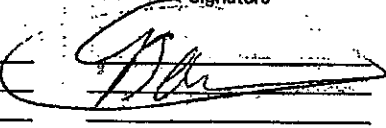
A. I, PETER HUBSHMAN, certify that I am a manager of, or a member designated to act on behalf of, the above named limited liability company organized under the laws of DELAWARE, Federal Employer I.D. Number 20-4038609, engaged in business under the trade name of ESCOM LLC.

and that the following is a correct copy of resolutions adopted at a duly and properly called meeting held on 01/04/2006 of all members of the limited liability company or the person or persons designated by the members of the limited liability company to manage the limited liability company as provided in the articles of organization or an operating agreement, hereinafter referred to as "Managers". These resolutions appear in the minutes of that meeting and have not been rescinded or modified.

B. Be it resolved that,

- (1) The Financial Institution named above is designated as a depository for the funds of this limited liability company.
- (2) This resolution shall continue to have effect until express written notice of its rescission or modification has been received and recorded by this Financial Institution.
- (3) All transactions, if any, with respect to any deposits, withdrawals, rediscounts and borrowings by or on behalf of this limited liability company with this Financial Institution prior to the adoption of this resolution are hereby ratified, approved and confirmed.
- (4) Any of the persons named below, so long as they act in a representative capacity as agents of this limited liability company, are authorized to make any and all other contracts, agreements, stipulations and orders which they may deem advisable for the effective exercise of the powers indicated below, from time to time with this Financial Institution, concerning funds deposited in this Financial Institution, moneys borrowed from this Financial Institution or any other business transacted by and between this limited liability company and this Financial Institution subject to any restrictions stated below.
- (5) Any and all prior resolutions adopted by the Managers of this limited liability company and certified to this Financial Institution as governing the operation of this limited liability company's account(s), are in full force and effect, unless supplemented or modified by this authorization.
- (6) This limited liability company agrees to the terms and conditions of any account agreement, properly opened by any authorized representative(s) of this limited liability company. The Financial Institution may charge this limited liability company for all checks, drafts, or other orders for the payment of money that are drawn on the Financial Institution which contain the required number of signatures for this purpose. The Financial Institution may rely on facsimile signatures, regardless of by whom or by what means the facsimile signature(s) may have been affixed so long as they resemble the facsimile signature specimens in section C, or the facsimile signature specimens that this limited liability company files with the Financial Institution from time to time.

C. If indicated, any person listed below (subject to any expressed restrictions) is authorized to:

Name and Title	Signature	Facsimile Signature (if used)
(a) <u>ANDREW MILLER</u> <u>PRESIDENT</u>		
(b) <u>PETER HUBSHMAN</u> <u>CEO</u>		
(c) _____		
(d) _____		

Indicate a, b, c and/or d

- A.B (i) Exercise all of the powers listed in (ii) through (vi).
- (ii) Open any deposit or checking account(s) in the name of this limited liability company.
- (iii) Endorse checks and orders for the payment of money and withdraw funds on deposit with this Financial Institution. Number of authorized signatures required for this purpose _____
- (iv) Borrow money on behalf and in the name of this limited liability company, sign, execute and deliver promissory notes or other evidences of indebtedness. Number of authorized signatures required for this purpose _____
- (v) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by this limited liability company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment. Number of authorized signatures required for this purpose _____
- (vi) Enter into written lease for the purpose of renting and maintaining a Safe Deposit Box in this Financial Institution. Number of authorized persons required to gain access and to terminate the lease _____

D. I further certify that the Managers of this limited liability company have, and at the time of adoption of this resolution had, full power and lawful authority to adopt the foregoing resolutions and to confer the powers granted to the persons named who have full power and lawful authority to exercise the same.

In Witness Whereof, I have hereunto subscribed my name and affixed the seal, if any, of this limited liability company on 01/05/2006
(date)

Manager

Seal

Attest by One Other Manager

06/09/2008 MON 10:45 FAX

0007/007

Signature Card

Date Opened: 01/05/2006

By: Donna Wolfe

Institution Name & Address

Sovereign Bank New England
75 State St
Boston Ma 02110

Internal Use

Account Title & Address

ESCOM LLC

123 NEWBURY ST 2ND FLOOR
BOSTON MA 02116

Ownership of Account

The specified ownership will remain the same for all accounts.

- ☐ Individual ☐ Corporation - For Profit
☐ Joint with Survivorship ☐ Corporation - Nonprofit
☐ Informal Trust ☐ Partnership
☒ Sole Proprietorship
☒ Limited Liability Company
☐ Unincorporated Association

☐ Formal Trust-Separate Agreement Dated: _____☐

Type of Account	Account #	Initial Deposit Source
Checking	61904955806	\$ 10.00 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>
61900164940 MONEY MKT.		\$ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/>

Number of signatures required for withdrawal: 1

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, the following:

- ☒ Deposit Account Agreement ☐ Rate Information ☐ Privacy Policy
☒ Fee Schedule ☐ CD Disclosure
☐

[x]

Qualifile Approved _____ Sup. Approval _____

[x]

Qualifile Approved _____ Sup. Approval _____

[x]

Qualifile _____ Sup. Approval _____

[x]

Qualifile _____ Sup. Approval _____

☐ Authorized Signer (If checked and account is individual and consumer purpose, the last of the above signers is an Authorized Signer.)

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Business Entity Information below. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	ANDREW T MILLER
Address (No P.O. Boxes)	32 STUART ST NEWTON MA 02459
Mailing Address (if different)	
Home Phone	(617) 416-6586
Work Phone	(617) 517-9311
Mobile Phone	
E-Mail	
Birth Date	03/25/65
SSN/ITIN	034-62-9289
Country of Citizenship	United States
Primary ID	KC - IDing TM Sup Approval _____
Secondary ID	EC -
Occupation	PRESIDENT & CO FOUNDER
Employer's Name & Address	INTERNET REAL ESTATE.COM 123 NEWBURY ST 2ND FL BOSTON MA 02116
Mother's Maiden Name	

Business Entity Information

Name	ESCOM LLC
EIN	20-4038609
Phone	(617) 517-9312
Mobile Phone	
E-Mail	
State/Country & Date of Organization	DE / 01/04/06
Nature of Business	MARKETING
Address (No P.O. Boxes)	123 NEWBURY ST 2ND FLOOR BOSTON MA 02116
Mailing Address (if different)	
Primary Purpose of Account	Operating
Percentage of International Operation or Sales	0%
Check Systems Inquiry Performed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Reason: NO RECORD MERLIN

06/09/2008 MON 12:51 FAX

0001/005

06/09/2008 MON 10:46

iR3025

0001

 *** TX REPORT ***

JOB NO. 2457
 ST. TIME 06/09 10:42
 PGS. 7
 SEND DOCUMENT NAME
 TX/RX INCOMPLETE -----
 TRANSACTION OK 13015763538
 ERROR -----



Sovereign Bank

Fax

To:

BRIAN

From:

Donna Wolfe, Vice President

Dwolfe@sovereignbank.com

Company:

Date:

6-9-08

Fax Numbers

Total No. of Pages Including Cover:

5

4

Phone Numbers

Sender's Phone Number:

617-236-2901

RE:

Sender's Fax Number:

617-859-7937

☐ Urgent☐ For Review☐ Please Comment☐ Please Reply

06/09/2008 MON 12:51 FAX

002/005

100000-0

ESCOM LLC
304 NEWBURY ST STE 487
BOSTON MA 02115-2839

Statement Period 03/01/08 TO 03/31/08

Primary Account #: 61904955806

For your convenience our Business
Solution Center is available Monday
through Friday, 8:00 a.m. to 6:00 p.m.
Call us at 1-877-768-1145.
www.sovereignbank.com

70340

Accept credit and debit payments and get next-day funds access!
Offer your customers the payment choices they really want—and get
faster access to that cash. With Sovereign Merchant Services, you'll
benefit from:

- * Next business day access to your funds (1)
- * Affordable processing for businesses of any size
- * Acceptance of all major credit cards and debit cards via terminals,
telephone, Internet or mail order
- * A full range of terminals and integrated point-of-sale systems
- * Online account reconciliation and reporting
- * State-of-the-art hardware and software

To get all the details on Sovereign Merchant Services, call the
toll-free number at the top of this page, visit us online at
sovereignbank.com, or email us at specs@sovereignbank.com.

(1) Next-day funds access for VISA and MasterCard credit and
signature-based debit card transactions only. Available when linked
to your Sovereign business checking account and when all outlined
procedures are followed.

06/09/2008 MON 12:52 FAX

0003/005

Statement Period 03/01/08 TO 03/31/08
PRIMARY ACCOUNT #: 61904955806**FREE BUSINESS CHECKING**

Statement Period 03/01/08 - 03/31/08

ESCOM LLC

Account # 61904955806

Balances

Beginning Balance	\$3,403.35	Ending Balance	\$0.00
Deposits/Credits	+ \$0.00	Average Daily Balance	\$5,472.32
Withdrawals/Debits	\$3,403.35		

Account Activity

Date	Description	Credits	Debits	Balance
03-01	Beginning Balance			\$3,403.35
03-01	CLOSING TRANSACTION		\$3,403.35	\$0.00
03-31	Ending Balance			\$0.00



06/09/2008 MON 12:52 FAX

004/005

WITHDRAWAL SAVINGS AND MONTHLY MARKET CLOSE-OUT WITHDRAWAL
 CUSTOMER NAME ESCOM DATE 3/4/08
 CUSTOMER ADDRESS _____
 WRITTEN AMOUNT Three thousand, Four hundred, Three & 35/100
 CUSTOMER SIGNATURE [Signature] Date 03/04/08 17:24 Teller 002
 Withdrawal AN: *****5806 0619 Seq: 102
 Transaction Amount: \$3,403.35
 Prior Day Closing Bal: \$3,403.35 AMOUNT
 Current Balance: \$3,403.35
 Available Balance: \$3,403.35
 ACCOUNT NUMBER 61904955806
 5637 5594

CaptureDate:03/04/2008 Account:61904955806 AltAcct:61904955806 Amount:\$3,403.35 RT:56375594 TC:94 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:D EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433152440 IED:0 BLNK:0

0433152440 7211370299<
 R026 B39 P1 SOVEREIGN
 03/04/2008 BOSTON, MA

06/09/2008 MON 12:52 FAX

0005/005

ADVANCE OF CREDIT		Sovereign Bank New England		MIDSTATE (prev date 04/08)	
DATE	3/4/08	CUSTOMER NAME	ESCON		
PREPARED BY	F. Let	WE CREDIT YOUR ACCOUNT AS FOLLOWS:			
APPROVED BY	[Signature]	<input type="checkbox"/> FEE REBATE	<input checked="" type="checkbox"/> DEPOSIT CORRECTION		
		<input type="checkbox"/> LOAN DISBURSEMENT	<input checked="" type="checkbox"/> OTHER		
DETAILS OF TRANSACTION (REQUIRED):					
Acct. Trans.					
Date 03/04/08 17:24 Teller 002					
Deposit					
AN: *****4940 Seq: 103					
Transaction Amount: 0619 \$3,403.35					
Prior Day Closing Bal: \$301,849.62					
Current Balance: \$304,849.62					
Available Balance: \$301,849.62					
TOTAL AMOUNT \$3,403.35					
ACCOUNT NUMBER 61900164940					
5637 5530					

CaptureDate:03/04/2008 Account:61900164940 AltAcct:61900164940 Amount:\$3,403.35 RT:56375530 TC:30 OrigTC:0
 SerialNumber:0 CaptureSite:610 DbCr:C EndPoint:0 AdjustmentFlag:- Onus\Transit:- SequenceNumber:433152430 IRD:0 BLNK:0

0433152430 >E11370279X
 R026 B39 P1 SOVEREIGN
 03/04/2008 BOSTON, MA

Exhibit K

07/11/2008 FRI 11:23 FAX

001/005

Denise A. Gaudet, Esq.
Assistant General Counsel
75 State Street
MA1-SST-04-01
Boston, Massachusetts 02109
dgaudet@sovereignbank.com

Sovereign Bank
Legal Department

Telephone: (617) 757-5435
Fax: (484) 338-2842

Fax

To:	Geoffrey R. Bok, Esq.	From:	Denise A. Gaudet, Esq.
Fax:	617-556-8989	Pages:	5 (including this cover page)
Phone:	617-542-8789	Date:	July 11, 2008
Cc:			

MESSAGE:

If you should have any questions or a problem with this transmission, please call:

Carolyn L. Williams 617-757-5625

CONFIDENTIALITY NOTICE

The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee(s) listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited.

If you receive this facsimile message in error, please immediately notify us by telephone at the number listed above to arrange for the return of the original documents.

07/11/2008 FRI 11:23 FAX

002/005



July 11, 2008

BY FACSIMILE AND
FIRST CLASS MAIL

Geoffrey R. Bok, Esquire
Stoneman, Chandler & Miller LLP
99 High Street
Boston, Massachusetts 02110

Dear Mr. Bok:

This is to advise you that Sovereign Bank has today placed an administrative freeze on the accounts listed below, all of which are associated with Andrew Miller.

We are taking this action in accordance with the terms of our Business Deposit Account Agreement because we have been unable to determine who is authorized to act on behalf of the entities listed below. Mr. Miller, who has verbally stated that he is authorized to transact business on these accounts, has refused to provide current resolutions and to execute new signature cards. In addition, as I have stated on a couple of occasions and in light of the significant claim being asserted against the bank for allegedly unauthorized transactions, we must have the operating and management agreements for all these entities, both to conduct our investigation of the claim being asserted against the bank and because we must review these documents to confirm who is actually authorized to act on behalf of these companies.

Therefore, in order for the bank to remove the administrative freeze for any of the accounts listed below, we must have the proper organizational and management agreements and properly completed and executed LLC resolutions and signature cards for each entity. The operating and management agreements may be sent to my attention either by mail or by fax to 484-338-2842.

The accounts on which the administrative freeze has been placed are:

Alerts.Com, LLC
61904809847 (Checking)

Sovereign Bank Legal Department
75 State Street
Mail Code MA1 SST 04 01
Boston, Massachusetts 02109

07/11/2008 FRI 11:23 FAX

003/005

Approvals.Com, LLC
61904809821 (Checking)

Carbs.Com, LLC
61904942648 (Checking)

Chocolate.Com, LLC
41800001715 (Checking)
61904955392 (Checking)

Internet Real Estate Group, LLC
61900169519 (Money Market)
41801006515 (Money Market)
61904971373 (Checking)
61900504889 (Checking)

Jeans.Com, LLC
#61904967272 (Checking)

Love Tactics.Com, LLC
#61904938299 (Checking)

MedicalDevices.Com, LLC
#61904971878 (Checking)

Patents.Com, LLC
#61904809227 (Checking)

PetFood.Com, LLC
#61904809839 (Checking)

Phone.Com, LLC
#61904967991 (Checking)
#61900167786 (Money Market)

Relationship.Com, LLC
#61900505928 (Checking)

Safety.Com, LLC
#61904942481 (Checking)

SEM.Com, LLC

Sovereign Bank Legal Department
75 State Street
Mail Code MA1 SST 04 01
Boston, Massachusetts 02109

#61904809169 (Checking)

Software.Com, LLC
#61904955798 (Checking)
#61900165020 (Money Market)

Sweepstakes.Com, LLC
#61904971563 (Checking)

WeddingGift.Com, LLC
#61904971183

Win In Love. COM, LLC
#61904802578 (Checking)
#61904802610 (Merchant Account)

Consultant.com
#61904802552 (checking)

With respect to the demand for reimbursement, in order for the bank to complete its investigation of the claim being asserted for unauthorized withdrawals, our Loss Prevention and Security Department has indicated that we require, in addition to the operating and management agreements for the applicable companies, the following information:

1. The date on which the alleged perpetrator, Christopher Britt ("Britt"), was hired by Internet Real Estate Group ("IREG"), his job title and a detailed description of his job responsibilities;
2. A detailed description of Britt's responsibilities for the deposit accounts maintained by IREG and affiliated companies;
3. Information regarding the transition of Britt from employee to accountant;
4. Information regarding whether Mr. Miller signed any letter or other documentation authorizing Britt to conduct banking transactions on any IREG or affiliated accounts, including using online banking services, and if so, when and for what accounts;
5. Information regarding whether Mr. Miller ever allowed Britt to sign any checks or conduct transactions on behalf of IREG or the affiliate companies;

Sovereign Bank Legal Department
75 State Street
Mail Code MA1 SST 04 01
Boston, Massachusetts 02109

07/11/2008 FRI 11:24 FAX

005/005

6. Information regarding signature of Peter Hubshman on a confirmation of endorsement dated March 6, 2008 of the \$300,000 check made payable to Escom LLC and deposited into an account in the name of Priviley LLC; and

7. Information regarding whether Britt has made any restitution to IREG or its affiliated companies.

I note that this is not an exhaustive list of the information and documents we need to complete our investigation but represents the items needed at the present time to move our investigation forward. We reserve the right to request additional information should the need arise.

Should you have any questions, please feel free to telephone me at 617-757-5435.

Very truly yours,



Denise A. Gaudet, Esq.

cc: C. Lynch
D. Wolfe
L. Boulay
H. Flanders